

N050000000470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300162519663

RA
Change

11/09/09--01021--002 **35.00

FILED RECEIVED
2009 NOV -9 AM 11:13 2009 NOV -9 AM 11:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA
DIVISION OF CORPORATIONS
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

ADR
11/19/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHASE'S RUN CONDOMINIUMS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N05000000470

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LISA SMITH
Name of Contact Person

EXECUTIVE MANAGEMENT SERVICES
Firm/Company

POST OFFICE BOX 13089
Address

TALLAHASSEE, FL 32317
City/State and Zip Code

EMS@EMS-FL.BIZ
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA SMITH at (850) 878-3134
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CHASE'S RUN CONDOMINIUMS ASSOCIATION, INC.

2. The principal office address: 644 CAPITAL CIRCLE, NE; TALLAHASSEE, FL 32301

3. The mailing address (if different): POST OFFICE BOX 13089, TALLAHASSEE, FL 32317

4. Date of incorporation/qualification: 1/13/2005 Document number: N05000000470

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

MICHAEL T. WOODWARD -- RESIGNED

1113 CARISSA DRIVE

TALLAHASSEE, FL 32308

FILED
2009 NOV -9 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ROBERT S. RHINEHART, CAM

644 CAPITAL CIRCLE NE

P.O. Box NOT acceptable

TALLAHASSEE, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

11/5/09
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)